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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 10/150,591 05/17/2002 PAT 6,780,400
 which claims benefit of 60/294,203 05/24/2001
 and claims benefit of 60/317,479 09/05/2001

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/15/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials:	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 6
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ADDRESS

37485
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TITLE

Delivery of antiemetics through an inhalation route

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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